Maryland Health Care Commission (MHCC) Focus Groups: Consumer Feedback on Updates to the Maryland Hospital Performance Evaluation Guide

Outcomes from Focus Group Discussions on July 29, 2014

Authors

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1.   Introduction

The Maryland Health Care Commission (MHCC) is tasked with providing meaningful information to consumers about the quality and outcomes of care provided in all Maryland acute care hospitals. MHCC utilizes a website to provide information to the community about hospitals in the state of MD, the quality of hospital efforts in preventing surgical infections as well as other information for individuals to be able to select a hospital for their care. Additionally, MHCC publishes the Nursing Home Guide for Marylanders, providing an easy way to locate and compare nursing homes on quality and outcomes measures. Currently MHCC is trying to develop a new website that would bring information on all the activities they conduct onto this website. They are beginning with the MD Hospital Guide. Under a previous contract Westat conducted four focus group discussions (2 in December 2013 and the other 2 in April 2014) on behalf of MHCC with MD residents to obtain their ideas and opinions on shaping the website. The project's objective was to receive feedback from Maryland residents about the effectiveness of the online Hospital Performance Evaluation Guide so that it can be improved and reach a wider audience.

Under the current project, Westat will conduct another 4 focus group discussions with MD residents to collect feedback about the new MHCC website from members of the general public. This approach was developed in part as a result of the opinions and recommendations made during the previous four focus group sessions. These notes are from the two focus group discussions held on July 29, 2014 at Westat's focus group facility in Rockville, MD(one at 10:00 am and the other at 6:30 pm; each lasting 90 minutes).

Participants in each discussion were members of the general public who had described themselves as Internet users in Westat's recruitment database. The discussions were conducted following a guide that had been approved by MHCC project staff. Each of the sessions was audio-taped with written consent from each participant. A note taker was present for both sessions. Observers from the Maryland Healthcare Commission (MHCC) and staff from the subcontractor who was designing the new website were present for both discussions. At the beginning of each session, group members were informed that project representatives from MHCC were observing from behind a one-way mirror. Prior to the end of each session, the MHCC Director Theressa Lee answered questions that the focus group participants had.

2. Characteristics of the Focus Group Participants

Participants were asked to complete a brief demographics questionnaire prior to the start of the discussion group. Below we discuss the characteristics of the two groups of focus group participants.

2.1 Characteristics of the Participants of the Morning Focus Group Discussion (at 10:00 am)

Eleven participants were invited to each of the two focus group discussions. However, only seven participants arrived for the morning discussion. One participant was between 35 and 44 years of age, two were between 45 and 54 years; three were between 55 and 64 years and one was between 65 and 74 years of age (see Table 1). The majority of the participants were women (6). Marital status of the focus group participants varied. Two were single, never married, three were divorced, and another was widowed. One participant noted that she was living with a significant other but was never married. Of the seven participants, two were White, three were African American and one was of mixed race (although they did not specify the races). One participant refused to answer this question. None of the participants were Hispanic or Latino. Two participants indicated that they were high school graduates, another two had completed one year of college and one had completed 2 years of college. One had obtained an Associate degree while one indicated that they were a college graduate or technical school graduate.

The employment status of the focus group participants varied. Three were not employed, while two each were employed part-time or retired. All of the participants had access to the Internet. Five used the Internet every day while the other two noted that they use the Internet several times a week.

2.2 Characteristics of the Participants of the Evening Focus Group Discussion (at 6:30 pm)

Two participants who were recruited for the morning session had thought they were participating in the evening session. As a result the evening session had 12 participants. Of the 11 recruited for the evening session, only one participant did not show up. One participant was under 30 years of age, while another was between 30-34 years. While recruiting these two individuals indicated that they have had many experiences with the MD hospital system. Two participants were between 35

and 44 years of age, five were between 45 and 54 years, another two were between 55 and 64 years and one participant was between 65 and 74 years. (see Table 1 column 2). Equal number of participants were male and female (6 each). The marital status of the focus group participants varied. Three were single, never married, six were married, two were divorced and one was widowed. Of the 12 participants, five were African American, six were white and one was of mixed races although they did not indicate which races. None identified themselves as Latino.

One participant was a high school graduate. Six participants indicated that they had completed one year of college or technical school, and one had completed two years of college or technical school. Two had obtained an Associate degree while two were college or technical school graduates. Six participants were employed full-time, two were employed part-time, two were not employed and two were retired. All of the participants had access to the Internet. Eight used the Internet every day, two used the Internet several times a week and another two noted that they use the Internet once a week.

Table 1. Characteristics of individuals who participated in the focus group discussions in the morning and evening

Characteristics of the focus group participants	AM Focus Group Total Number of Participants = 7	PM Focus Group Total Number of Participants = 12
Age Less than 30 years	0	1
30-34 years	0	1
35-44 years	1	2
45-54 years	2	5
55- 64 years	3	2
65 – 74 years	1	1
Gender Male	1	6
Female	6	6
Marital status Single, Never married	2	3
Married	0	6
Divorced	3	2
Widowed	1	1
Living with significant other, never married	1	0

Characteristics of the focus group participants	AM Focus Group Total Number of Participants = 7	PM Focus Group Total Number of Participants = 12
Race/Ethnicity		
African American	3	5
American Indian	0	0
Asian	0	0
White	2	6
Mixed race	1	1
Refused	1	0
Hispanic/Latino		
Yes	0	0
No	7	12
Educational attainment		
Less than high school	0	0
Some high school	0	0
High school graduate	2	1
Completed 1 year of college or technical school	2	6
Completed 2 years of college or technical school	1	1
Completed 3 years of college or technical school	0	0
Associates Degree	1	2
Graduate (college or technical school)	1	2
Post-graduate study	0	0
Employment status		
Employed full-time	0	6
Employed part-time	2	2
Retired	2	2
Not employed	3	2
Internet use background		
Use the Internet:		
o Everyday	5	8
o Several times a week	2	2
o Once a week	0	2

3. Discussion Outcomes

Below are notes from both the morning and evening focus group discussions.

The moderator informed the participants that during the previous four focus group discussions in December 2013 and April 2014, the focus was on the information in the Hospital (Consumer Section) Guide of the web site. She also noted that MHCC has considered the comments and suggestions given by participants of previous focus group discussions and is in the process of incorporating many of them in redesigning the website. The purpose of the discussion for this focus group was to:

- Comment on the format, functionality, and comprehensive nature of the new website;
- Review options for displaying certain healthcare associated infections information;
- Solicit input on what additional information should be collected and reported in the future.

3.1 Current website:

Participants were asked to look at the current website before they came to the focus group discussion. Many of the participants said that they were able to look at the website.

Reactions to the website included the following:

- Was easy to click around, but the site was too wordy.
- Needs to have more icons similar to a smart phone application with pictures (such as a heart, lung etc.)
- Needed a search button.
- Not very attractive because it has a lot of words and there are no other pictures than the picture at the top.
- Not very colorful.
- A little confusing.
- Not clear how the ratings were arrived at.
- Surprised and impressed that the State of MD was hosting such a website.
- Did not realize how many hospitals there were in Maryland.
- Picture of the mother & son on the website was cute.

3.2 Format, functionality, and comprehensive nature of the new website design

Next, the moderator introduced the website that is currently being built noting that the plan is to have the website replace the current site around September 2014 depending on the approval processes MHCC has to go through. She pointed out that a major difference between the current website and the new website is that the new website is going to be used by various groups including hospitals and physicians. The website is designed to serve as an integrated online resource for consumer access to healthcare information and a secure web portal for hospital submission of quality measures data and performance information. The secure web portal, i.e. the private side of the website, accessible through the user ID/Password, is already being used by hospitals and physicians. Hospitals are now submitting data through the private site. MHCC is now focused on the public side of the website and will be moving information from all of the MHCC guides to this one site.

The moderator pointed out the User ID and Password on the top right hand corner of the website where hospitals and physicians log in. She noted that later on (may be in a year or two) users may be able to save reports they generate on the web site, with access via a username and password. The participants indicated that being able to save their reports would be very useful.

3.2.1　Pictures on the home page

The moderator asked the participants to comment on the format, functionality, and comprehensive nature of the new website home page. First the moderator asked for participants' reactions to the pictures displayed on the site.

Both morning and evening participants thought that the redesigned website is much better than the current one. Comments about the website under construction (New website) first page included the following:

- Green livens up the page.
- Overall, the Website is more lively than the current website.
- Several participants liked the picture of the "word cloud". They wanted to be able to click on words and be able to get more information about a particular topic. They suggested that this screen should have only words that would lead to information. For example, one suggestion was to get "insurance companies" on a cloud. However, at the end of the discussion the MHCC Director said that the word cloud was not meant to direct people to different topics. Rather it was to show different topics related to health.
- Several felt that the information on the flu vaccination was given too much prominence. They suggested embedding this information under infections.
- Several participants objected to the picture with money and the stethoscope. They felt that the money did not belong in that picture even though the picture was depicting healthcare costs.
- Some participants felt that the website being referred to as the "Maryland Healthcare Guide" was misleading. They agreed that the title is broader than describing hospitals.
- Many said that being able to sign up for more information was useful. They liked the idea that they would not be overwhelmed with information but that they could get regular updates of important issues at a particular time (e.g. Ebola).

3.2.2　Suggestions to improve the website:

- Need to have arrows that go forwards and backwards on the sides of the pictures so that someone could click on the arrows and go to the next topic.
- Several participants felt that it was not obvious/ intuitive where one can go to look for information if one were a patient. The "hospital tab" did not seem to be intuitively where one would go to look for information as a patient. *Possibly provide some guidance on where information can be found—under what tab?*
- Participants wanted to see information whether a particular hospital would accept their insurance as well as what insurance plans were accepted by a particular hospital.
- A question was raised as to whether the website would provide information on specialization of hospitals. For e.g. some hospitals specialize in neurological disorders while others specialize in the treatment of heart conditions or maternity. Would the website identify hospitals by their specializations?
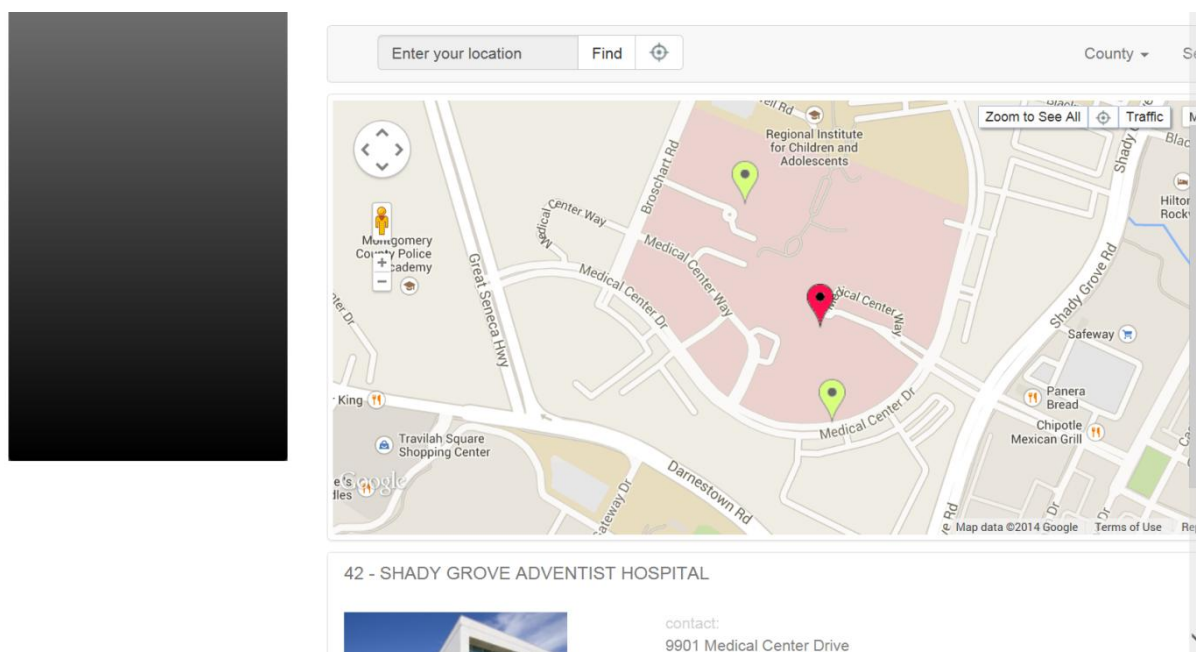
- One participant felt strongly that the website should give side effects of prescription drugs. However after the others chipped in there was some agreement that this may go beyond the scope of what the website was trying to convey and that medications was a more personal issue.
- Some suggested that they would like to see wait times at the Emergency room and time doctors spend with patients.
- Some suggested having:

  - A list of Frequently Asked Questions.
  - Short bios for doctors.
  - Information on which hospitals the doctors are associated with.
  - Guidance on costs associated with certain procedures.
  - Symptoms for various health conditions such as diabetes, heart disease etc..

- A question was asked whether the website covers information on healthcare mobile units. At the end of the discussion the MHCC Director noted that MHCC does not cover healthcare mobile units.

3.3 Map with icons for the hospitals in the state of Maryland.

- Most participants liked the idea of being able to use the map to identify hospitals in Maryland. The ability to search by zip code or city impressed them.
- Looking at the map, participants wanted the information that came up to indicate how far away the hospital was.
- Participants liked the information about the hospitals.

- A suggestion was made that the county where the hospital is located be displayed next to the hospital name (e.g. Montgomery County next to Shady Grove Adventist Hospital).

3.4 Review options for displaying certain healthcare associated infection information

3.4.1 Healthcare Associated Infections (HAI)

Next the moderator introduced HAIs describing that they are infections that patients get in healthcare facilities including hospitals, surgical centers, outpatient settings, and long-term care facilities while they are being treated for something else. She noted that these infections are often associated with invasive medical devices such as catheters, and procedures such as surgeries, which are part of the patient's treatment. She pointed out that HAIs are the most common complication of hospital care and are associated with increased days in the hospital and substantial increases in healthcare costs.

The moderator informed the participants that given the impact of HAIs, a number of states, including Maryland and the federal government now require hospitals and other healthcare organizations to collect and publicly report HAI data; and that this Guide is one way the Maryland Health Care Commission shares this important information with the public.

The moderator further noted that there are various ways to display the HAI data. Based on work from a multi-state taskforce, MHCC would like to get the participants opinion about displaying information on a summary table of HAI data.

Table 1: Summary of Healthcare-Associated Infections Data by Facility).

Facility Name	Bloodstream Infections (CLABSI)	Urinary Tract Infections (CAUTI)	Surgical Site Infections from Colon Surgeries	Surgical Site Infections from Abdominal Hysterectomies	MRSA Blood Infections	*C. difficile* Infections	Percent of Healthcare Personnel that received the Flu vaccine
Memorial Surgical Hospital	More	Fewer	Fewer	More	Fewer	More	78%
Methodist Medical Center	Same	Same	☐	Fewer	Fewer	More	88%
University Hospital	Same	Fewer	▨	▨	Fewer	More	72%
Valley Hospital	Fewer	Same	Same	More	☐	More	94%
Overall State Performance	More	Fewer	Fewer	Same	Fewer	Same	89%

The moderator pointed out that this table shows each facility's performance from several different infection types and hospital quality measures. To a question about the participants' initial reaction to the colors and symbols, the participants had the following comments:

- Many said that preventing infections is an important topic.
- Participants suggested bolding the names of the infections at the top of the table.
- One suggestion was to group the hospitals on the list by area/county instead of listing all hospitals.
- Participants wanted the colors to jump out. They felt that red and green made them think about Christmas. Others thought that green indicated "good" as with traffic lights "go" whereas red meant "stop."
- Participants agreed that the tables with the other colors (MONAHRQ tables) were better.
- The participants noted that there should be a line explaining that the hospitals can be sorted and looked at in different ways.

- Many preferred the legend on top so that they understand what the symbols mean rather than at the bottom of the table. Some did not have an opinion as to where the legend should go (above the table or below the table).
- Participants preferred to see the information compared to the national average. A few wanted to see both the national and state averages and compared to MD hospitals.

- Participants suggested including FAQs in the new guide.

3.4.2   Reactions to type of infections

- Since MRSA is a big one and people are familiar with that name the participants suggested including MRSA as the first category.
- Order of infections:

    o Some suggested the order of the infections should go from most serious to least serious infections.
    o Keep all the blood related infections together.
    o Surgery together and healthcare together

- Some questioned the meaning of more, fewer, and same.

- They wanted to know the comparison point for more, fewer, and same.

- Some suggested using the words "better, worse are more" instead of "more, fewer, same". They felt that better, worse were more descriptive.

- Some said that it is better to have a question mark or some word. e.g. NA rather than a blank box when the sample size is too small.

- Compare to overall state, not national.

- Some questioned why the percentage of Healthcare personnel that received the Flu vaccine was included in the same table. Some were confused as to why only this column had percentages.

- Some particpants wanted to see percentages rather than icons.

- Some noted that they like words on symbols.

The moderator explained that since HAIs are infections, performance data is expressed differently than for other clinical measures or patient/consumer ratings and that higher numbers are good for clinical and consumer ratings, but higher numbers associated with infections data is bad.

Participants were a little confused about the symbols (the triangles representing different performance. i.e previously a triangle pointing up meant better (green) and a triangle pointing down meant worse (red) whereas with HAI data it was the opposite.

The moderator explained that when the website is live that visitors to the site will be able to click on bloodstream infections and would be able go to a second table to dig down deeper. She showed the participants a table that showed information on Central Line-Associated Bloodstream Infections (CLABSI).

3.4.3   Central line-associated bloodstream infections (CLABSI)

The moderator described Central Line-Associated Bloodstream Infections (CLABSI) as bloodstream infections associated with the presence of a central line (Flexible tubes placed by a needle into a large vein usually in the neck or upper chest that allow health care workers to administer treatment (i.e. , chemotherapy, IV antibiotics, IV nutritional fluids or dialysis). She noted that Maryland hospitals report CLABSI for all adult and pediatric intensive care units (ICUs) as well as neonatal intensive care units (NICUs).

Table 2.   Fake State Central line-associated bloodstream infections (CLABSI) Hospital Report, 2013

Facility Name	Unit Type	Observed Infections	Predicted Infections	What Does This Mean?	
Memorial Health System	Med/Surg ICU	6	4.3	**More**	More infections (worse) than the 2009 national baseline.
Memorial Health System	Med/Surg Ward	4	3.5	**Same**	About the same number of infections as the 2009 national baseline.
Memorial Surgical Hospital	Medical ICU	3	2.1	**More**	More infections (worse) than the 2009 national baseline.
Methodist Medical Center	Medical ICU	5	4.9	**Same**	About the same number of infections as the 2009 national baseline.
University Hospital	Surgical ICU	2	3.2	**Same**	About the same number of infections as the 2009 national baseline.
Valley Hospital	Surgical ICU	1	4.7	**Fewer**	Fewer infections (better) than the 2009 national baseline.

- The moderator pointed out that the first two rows of the table represent data from the same facility, Memorial Health System. The first row shows bloodstream infections in the medical/surgical ICU (critical care unit), and the second row shows bloodstream infections

in the medical/surgical Ward. Many focus group participants felt that the breakdown by type of ward was too much information. However, a few thought that the breakdown was a good idea.

- Many participants were confused about the symbols under the "What Does this Mean" column. Red represented "bad" for them but the word "more" intuitively was supposed to be good. They said that there was some clash between the words on the icon and the colors.

- One participant noted that predicted should be "0"

- The participants noted that they really did not need information on the predicted number of infections. Some did not understand what predicted and observed meant.

- A few wanted to know how to calculate observed/predicted.

- Many felt the baseline of 2009 was too old. They all wanted current data.

3.4.4 Surgical Site Infections (SSI)

The moderator described surgical site infections (SSIs) as an infection that occurs after surgery in the part of the body where the surgery took place. She noted that these infections can sometimes involve just the skin or can be more serious and involve tissue under the skin and organs.

The moderator discussed the information on Table 3 with the focus group participants on Surgical Site Infection (SSI) Hospital Report from Colon Surgeries.

Table 3. Fake State Surgical Site Infection (SSI) Hospital Report from Colon Surgeries, 2013

Facility Name	Procedure Type	Number of Procedures	Observed Infections	Predicted Infections	What Does This Mean?	
Memorial Health System	Colon Surgery	266	3	2.5	Same	About the same number of infections as the 2006-2008 national baseline.
Memorial Surgical Hospital	Colon Surgery	65	1	3.4	Fewer	Fewer infections (better) than the 2006-2008 national baseline.
Methodist Medical Center	Colon Surgery	185	0	0.9		Data reported, but not enough to compare this facility to the 2006-2008 national

					baseline.
Valley Hospital	Colon Surgery	185	0	1.8	Same About the same number of infections as the 2006-2008 national baseline.

The moderator posed the following questions to the focus group participants:

1. You are having colon surgery and have the option to go to any hospital. Considering only the information presented above, which hospital would you choose and why? Would you want more information? If so, what?

Some participants noted that they would go to the hospital with the lowest number of infections. Others thought they would go to the hospital that had completed the most number of surgeries. One participant said she would go to either of the two hospitals with fewer predicted infections. Another participant said that she would skip the numbers and go to the last column with the symbols.

2. What conclusions can you make about Methodist Medical Center and their surgical site infections from colon surgeries?

Participants were a little confused that although Methodist Medical Center had completed 185 surgeries that the table said there was "not enough to compare this facility to the 2006-2008 national baseline." Some participants noted that they prefer to see percentages as opposed to "fewer, more, and same" on the tables.

3.5 Input on what additional information should be collected and reported in the future. Information participants would like to see on the website:

- Ability to check whether or not these hospitals accept your insurance.
- What hospitals accept PPOs.
- Symptoms for different conditions (heart, diabetes).
- Services offered by hospitals.
- Specializations of hospitals.